HOUSING AND REDEVELOPMENT AUTHORITY OF THE CITY OF SAINT PAUL

NEIGHBORHOOD STABILIZATION PROGRAM BID SUBMISSION PROPOSAL

2012-2013

This project is funded by the Neighborhood Stabilization Program (NSP), a federal stimulus program created to rehabilitate vacant housing or construct new housing on vacant lots within targeted areas of the City of Saint Paul.



The Most Livable City in America

The City of St. Paul HRA reserves the right to check the qualifications of contractors for each NSP house; previous experience working on an NSP home, for the City of St. Paul, or for the City of Saint Paul HRA will not automatically result in a determination of a contractor is qualified.

Pro	ject A	ddress:			
		or Name:			
Pleas	e submi	it a copy of the checklist as a cover sheet for your submission			
BID S	UBMIT	TAL CHECKLIST			
FAILUR	E TO PROV	VIDE THE FOLLOWING INFORMATION WILL RESULT IN BID DISQUALIFICATION.			
	ATTAC	HMENT 1: BID COVER SHEET, LISTING REQUIRED:			
		TOTAL BID AMOUNT			
		ALTERNATE/S AMOUNT			
		Addendum/s amount			
	ATTAC	HMENT 2: BID PROPOSAL FORM AND NON-COLLUSIVE AFFIDAVIT.			
	ATTAC	HMENT 3: PROJECT SPECIFIC PRELIMINARY SECTION 3 ACTION PLAN			
		PART 1: SECTION 3 GOALS FOR THIS PROJECT			
		PART 2: STATEMENT OF COMMITMENT			
		PART 3: DESCRIPTION OF SECTION 3 IMPLEMENTATION STRATEGIES			
	Аттас	HMENT 4: CONTRACTOR APPLICATION / STATEMENT OF QUALIFICATIONS			
NSP is updating Contractor Qualification forms – it is mandatory to submit this application even if it has been previously provided and fully completed.					
	ATTAC	HMENT 5: ITEMIZED COST BREAKDOWN OF SCOPE OF WORK.			
		ATTACHED LINE ITEM BID SUMMARY (ATTACHED FROM SPECIFICATIONS)			
☐ I CERTIFY THAT I HAVE REVIEWED THE SECTION II COMPLIANCE PORTION OF THE CITY OF ST. PAUL NSP HOMES BIDDING OPPORTUNITY AND UNDERSTAND THE COMPLIANCE REQUIREMENTS REQUIRED FOR THIS CONSTRUCTION CONTRACT.					
		SIGNATURE: DATE:			

ATTACHMENT 1

BID COVER SHEET

Project Address:				
Provide your preferred contact information				
GENERAL CONTRACTOR FIRM NAME				
FIRM CONTACT NAME				
STREET ADDRESS				
Сіту	STATE ZIP			
PHONE (day/preferred)	Рно	NE (other)		
E-MAIL				
BID AMOUNT		\$		
Addendum #		\$		
Addendum #		\$		
TOTAL BASE BID AMOUNT: (INCLUDING ALL ADDENDUMS, SALES TAX AND PERMITS)		\$		
ALTERNATE #		\$		
ALTERNATE # \$				
ALTERNATE # \$				
		\$		
I/we, the undersigned, acknowledge that I/we have received and considered the entire project bid manual, including compliance requirements, the scope of work, specifications, drawings and addend number(s) and that that total base bid includes these considerations. I/we also acknowledge that I/we have received and bid all alternates. I/we hereby give agreement to furnish all labor, material, equipment and insurance necessary to perform work on the property at the above address as specified in accordance with the scope of work, specifications and drawings and in accordance with all applicable city and state codes. I/we agree that this bid will not be withdrawn by us for a period of 120 days.				
SIGNATURE OF CONTRACTOR, OWNER OR LEGAL SIGNATORY:				
NAME (PRINTED):		DATE:		

ATTACHMENT 2

BID PROPOSAL AND NON-COLLUSIVE AFFIDAVIT

Project Address:				
DATE SUBMITTED:	TOTAL BASE BID AMOU	TOTAL BASE BID AMOUNT:		
Attach to this bid proposal an itemized cost breakdown of all of the items contained in the Scope of Work, a list of alternates to this proposal and a unit price schedule if required. I/We, the undersigned, acknowledge that I/We have received and considered all Documents included in the Project Bid Manual, including Addenda Numbers and that the bid proposal total includes these considerations. I/We hereby give agreement to furnish all labor, material, equipment and insurance necessary to perform work on the property at the above address, as specified in accordance with the Scope of Work, Specifications and Drawings and in accordance with all applicable City and State Codes. I/We agree that this bid will not be withdrawn by us for a period of 120 days. The undersigned swears disposes and says: That he/she is (an owner, partner or officer of the firm) the party making the foregoing proposal or bid; that such proposal or bid is genuine and not collusive or a sham; that said bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, to fix any overhead, profit or cost element of said bid price, or that any other bidder, or to secure any advantage against the Construction Manager, or the HRA, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.				
GENERAL CONTRACTOR FIRM NAME:				
FIRM CONTACT NAME:				
SIGNATURE:				
STREET ADDRESS:				
CITY: STATE: ZIP:				
PHONE (day/preferred): PHONE (other):				
E-MAIL:				

ATTACHMENT 3

PRELIMINARY SECTION 3 ACTION PLAN - CITY OF SAINT PAUL HREEO DEPARTMENT

PROJECT ADDRESS:		
GENERAL CONTRACTOR FIRM NAME:		
DATE SUBMITTED:	TOTAL BASE BID AMOUNT:	
SECTION 3 COMPLIANCE OFFICER:		
COMPLIANCE OFFICER PHONE NUMBER:		
COMPLIANCE OFFICER EMAIL ADDRESS:		

PART 1. SECTION 3 CONTRACTING & EMPLOYMENT GOALS Fill in the below table

10% of Building Trades/Construction Work

(NOTE: CONTRACTS FOR PURCHASE OF SUPPLIES AND MATERIALS ONLY ARE NOT SUBJECT TO GOALS UNLESS THE CONTRACT INCLUDES INSTALLATION OF PRODUCT)

3% of New Hires

(ARCHITECT, APPRAISAL, ETC.)

30% of New Hires

(NOTE: ONE SECTION 3 RESIDENT MUST BE HIRED WHEN A COMPANY MAKES 1, 2 OR 3 HIRES) MULTIPLY THE TOTAL BY THE SECTION 3 PERCENTAGE GOAL TO GET THE SECTION 3 GOAL # OR \$.

	TOTAL	Section 3 % Goals	SECTION 3 (\$ or #) GOALS
BUILDING TRADE/CONSTRUCTION WORK	\$	10 % OF TOTAL	\$
Non-Construction Work	\$	3% of Total	\$
New Hires	#	30% OF TOTAL	#

PART 2. STATEMENT OF COMMITMENT

By signature below, the undersigned acknowledges to the City of Saint Paul and its Housing and Redevelopment Authority (collectively the "City") that the undersigned has been provided with information and documents regarding the City's Section 3 Plan which explains the obligations and requirements of any construction project which is funded in part or whole by HUD sourced funds. The undersigned certifies to its commitment to comply with the City's Section 3 Plan, all Section 3 laws and regulations, and to use the City's Job Connect system located at www.jobconnectmn.com in connection with the above described project.

The undersigned further certifies that the information contained in this Section 3 action plan is accurate and correct. The undersigned understands that the City may impose penalties and sanctions for the submission of any false and inaccurate statements within this document, fails to achieve the Section 3 contracting and employment goals for the project, and/or fails to comply with the City's Section 3 Plan, Section 3 laws and regulations, or its contract obligations.

Signature of Authorized Representative:	
Title of Representative:	Date:

Part 3. Additional Information

Description of current workforce:
Ctrataging for higher Castian 2 regidents will include (describe how effective these strataging have been in the
Strategies for hiring Section 3 residents will include: (describe how effective these strategies have been in the
past)
Strategies for contracting with Section 3 business concerns will include: (provide detailed information such as
Strategies for contracting with Section 3 business concerns will include: (provide detailed information such as dates and specific efforts)
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Efforts to conduct aggressive outreach and notification to potential Section 3 residents and business concerns of
Efforts to conduct aggressive outreach and notification to potential Section 3 residents and business concerns of contracting and employment opportunities will include: (describe how effective these strategies have been in the
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ATTACHMENT 4

CONTRACTOR APPLICATION/STATEMENT OF QUALIFICATIONS

This information will be kept confidential and used only to verify the qualifications of the Contractor to perform work under the HRA's NSP Program.

The Minimum Contractor Qualifications for NSP projects are provided in the Bid Manual Section 004003 HRA Instructions For Bidders.

GENERAL CON	TRACT	OR FIRM NAME:				
FEDERAL ID #	·:					
STREET ADDR	ESS:					
CITY: STATE:					ZIP:	
PHONE (day/p	oreferr	ed):	PHONE (other):		
E-MAIL:						
	IST OF	CORPORATE OFFICERS		SOCIAL SECURIT	Y #S FOR OFFICERS	
How Many C	IIDDEN	T FMDI OVEEC				
HOW MANT C	UKKEN	I LMI LOTEES.				
Check the ty	pes o	f construction you have po	erforme	d in the last year:		
□ Homo D	d	olina 🗖 Homo Duildina	□ Com	manaial Canatuu atia	n 🗆 Othor	
□ Home Re	emoae	eling Home Building	□ Com	nerciai Constructio	n 🗆 Other	
	bn	Largest job in the last yea	 ar	\$		
	Home Remodeling	Smallest job in the last ye		\$		
	Home Remod	Total number of jobs in t		Ψ		
g g year						
	Number of homes built in the					
	Number of homes built in the					
	H Bı	Average Value		\$		
	ial ion	Largest job in the last year	ar	\$		
	nerc	Smallest job in the last ye		\$		
	Commercial Construction	Total number of jobs in t	he last			

Do you carry workers compensa	Do you carry Workers' Compensation? \square Yes \square No						
Insurance Company Name	Contact Name		Contact Phone #				
Company Address	Policy Number		Expiration Date				
		<u>'</u>					
Are you licensed as a Minnesota General Contractor? \square Yes \square No (please submit a copy of the license with this application)							
How many years' experience as (GC?	License Number					
Established Date		Expiration Date					
Are you an EPA or State Certified Abatement Contractor? \Box Yes \Box No (please submit a copy of the certification with this application)							
Are you a certified Home Perform	nance Contractor	by Acel Ellergy?	□ les □ no				
Are you certified with the City of Saint Paul Vendor Outreach Program? \square Yes \square No If yes, are you a \square SBE (small business), \square MBE (minority business), and/or \square WBE (woman-owned business)?							
Do you have a registered Affirmative Action Plan with the City of Saint Paul/ HRA? \Box Yes \Box No							
Are you a certified Section 3 Business? $\ \square$ Yes $\ \square$ No							
The undersigned certifies that the statements above are true and correct to the best of their knowledge and hereby authorizes and requests any person, firm or corporation to furnish business information requested by the Construction Manager and / or HRA in verification of recitals comprising this Contractor Application. Further the Construction Manager and / or HRA is given permission to do credit and criminal checks on the officers of the Contractor, the Business of the Contractor and check references related to their past business practices to determine if the Contractor will be able to perform on potential contracts.							
GENERAL CONTRACTOR FIRM NAME:							
FIRM CONTACT NAME:							
SIGNATURE:							
STREET ADDRESS:							
Сіту:	STATE	::	ZIP:				
PHONE (day/preferred):	PHON	E (other):					
E-MAIL:	E-MAIL:						

ATTACHMENT 5

ITEMIZED COST BREAKDOWN OF THE SPECIFIED WORK

COMPLETE AND ATTACH SECTION 004102 HRA LINE ITEM BID SHEET